OPTIONAL FORM NO. 10
MAY 1962 EDITION
GSA FPMR (41 CFR) 101-11.6

UNITED STATES GOVERNMENT

Memorandum

TO : SAC, CHICAGO (92-350-Sub 24)

DATE: 2/12/73

FROM : SUPERVISOR [redacted]

b6
b7C

SUBJECT: RACKETEER PROFILE PROGRAM
CHICAGO DIVISION

In connection with captioned program, the following Rockford hoodlums are being designated for inclusion in this program:

Subject	Chicago File	Agent Assigned
BUSCEMI, FRANK	92-1693	[redacted]
CALO, JASPER	92-2024	
CICERO, ALEX	92-1978	
CORRENTI, FRANK	92-1917	
EMORDENO, PHIL	92-1714	
GULOTTA, SEBASTIAN	92-1918	
MARINELLI, JOSEPH	92-1848	
MAGGIO, JOSEPH	92-2132	
PRIOLA, PHIL	92-1706	
VINCE, CHARLES	92-1708	
ZITO, JOSEPH	92-1747	
ZAMMUTO, JOSEPH	92-1707	

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SA [redacted] to whom these cases are assigned, is requested to promptly execute the appropriate forms which will be transmitted to the Bureau by SA [redacted] coordinator of this program.

1 - C-1 Tickler
1 - SA [redacted]
1 - CCO
1 - Each of Above Cases

VLI/vel
(16)

open
92-1706
Sub 1
VLI

92-1706 Sub 1-1

SEARCHED INDEXED
SERIALIZED CAB FILED CAB
FEB 12 1973
FBI — CHICAGO

VLI

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

5010-108-02

NAME OF SUBJECT:
PHILIP JOSEPH PRIOLA

FORM CM-75

MARITAL STATUS: MARGARET PRIOLA, NEE SCIORTINO

ALIASES : PHILIP PALMERO,

NICKNAMES : [redacted] FAT CAPONE

FORM CM-76

SUBJECT'S IDENTIFYING NUMBERS (IF AVAILABLE)

FBI # : 502267

SOCIAL SECURITY # : 355-18-2475

PD # : WI MILWAUKEE, WIS PD # 17914; ~~FT DODGE, IA PD # 242; BELOIT, WIS PD # 1000; ROCKFORD, ILL. PD # 770~~; CHICAGO, ILL. PD # C-60539

DRIVERS LICENSE # :

Date of Issue :

Date of Expiration:

State :

SEARCHED INDEXED
SERIALIZED FILED
FEB 26 197
FBI — CHICAG

92-1706 Sub 1-2

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Organized Crime & Racketeering Section
Criminal Division
United States Department of Justice

RACKETEER PROFILE

SUBJECT'S IDENTIFYING NUMBERS *ID* *ADD*ID* *CHG *ID*

ID

VERIFICATION /VER: 1 | FBI NUMBER /FBI: 502367

ORG. CRIME & RACKET. # /OCR: | SOCIAL SECURITY NUMBER /SSN: 355182475

CRIMINAL IDENTIFICATION NUMBER /PD: 17914

NAME OF AGENCY WHICH ASSIGNED ABOVE NUMBER /AGENCY: MILWAUKEE PD

STATE (R) /ST: WI | ZIP CODE /ZIP:

ID *ADD*ID* *CHG *ID*

VERIFICATION /VER: V | CRIMINAL IDENTIFICATION NUMBER /PD: C60537

NAME OF AGENCY WHICH ASSIGNED ABOVE NUMBER /AGENCY: CHICAGO PD

STATE (R) /ST: IL | ZIP CODE /ZIP: 60605

ID *ADD*ID* *CHG *ID*

VERIFICATION /VER: | FBI NUMBER /FBI:

ORG. CRIME & RACKET. # /OCR: | SOCIAL SECURITY NUMBER /SSN:

CRIMINAL IDENTIFICATION NUMBER /PD:

NAME OF AGENCY WHICH ASSIGNED ABOVE NUMBER /AGENCY:

STATE (R) /ST: | ZIP CODE /ZIP:

ID *ADD*ID* *CHG *ID*

VERIFICATION /VER: | CRIMINAL IDENTIFICATION NUMBER /PD:

NAME OF AGENCY WHICH ASSIGNED ABOVE NUMBER /AGENCY:

STATE (R) /ST: | ZIP CODE /ZIP:

LICENSE OR MISCELLANEOUS NUMBERS *NBRS* *ADD*NBRS* *CHG *NBRS*

NBRS

VERIFICATION /VER: | DATE OF ISSUE /FYR: /FMO: /FDY: | DATE OF EXPIRATION /TYR: /TMO: /TDY:

TYPE OF NUMBER OR LICENSE /TNBR:

NUMBER /NBR:

ISSUING AGENCY /AGY: | ISSUING STATE (R) /ST:

NBRS *ADD*NBRS* *CHG *NBRS*

VERIFICATION /VER: | DATE OF ISSUE /FYR: /FMO: /FDY: | DATE OF EXPIRATION /TYR: /TMO: /TDY:

TYPE OF NUMBER OR LICENSE /TNBR:

NUMBER /NBR:

ISSUING AGENCY /AGY: | ISSUING STATE (R) /ST:

NBRS *ADD*NBRS* *CHG *NBRS*

VERIFICATION /VER: | DATE OF ISSUE /FYR: /FMO: /FDY: | DATE OF EXPIRATION /TYR: /TMO: /TDY:

TYPE OF NUMBER OR LICENSE /TNBR:

NUMBER /NBR:

ISSUING AGENCY /AGY: | ISSUING STATE (R) /ST:

FORM CM-76 (Rev. 10-72)

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Organized Crime & Racketeering Section
Criminal Division
United States Department of Justice

RACKETEER PROFILE

AGENT AND SUBJECT IDENTIFICATION *DATE*

DATE

NAME OF PERSON SUBMITTING INFORMATION
/SUB:

DATE: /YR: 75 /MO: 03 /DY: 22
AGENCY: /AGN: FBI
FIELD OFFICE: /FLD: E
OFFICE PHONE NUMBER: /PHN: 312431133

NEW OR MOD

NEW *MOD*
VERIFICATION: /VER: Y
SUBJECT'S IDENTIFIER: /IDEN: 645
NAME OF SUBJECT: /NAME: PRIOLA, PHILIP JOSEPH
SEX (M or F): /SEX: M
MARITAL STATUS (R): /STAT: A
MAIDEN NAME OF SUBJECT: /MDN:

ALIASES

ALIAS

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA: DARLENE, PHILIP
ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:
ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:
ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:
ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:
ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

NICKNAMES

NKNM

NICKNAME *NKNM* *ADD*NKNM* *CHG *NKNM*
/NICK: EAT
NICKNAME *NKNM* *ADD*NKNM* *CHG *NKNM*
/NICK:
NICKNAME *NKNM* *ADD*NKNM* *CHG *NKNM*
/NICK:
NICKNAME *NKNM* *ADD*NKNM* *CHG *NKNM*
/NICK:
NICKNAME *NKNM* *ADD*NKNM* *CHG *NKNM*
/NICK:

INVESTIGATION *CINV* *ADD*CINV* *CHG *CINV*

CINV

DATE INVESTIGATION BEGAN: /FYR: 74 /FMO: 08 /FDY: 06
DATE INVESTIGATION CLOSED: /TYR: 00 /TMO: 00 /TDY: 00
TYPE OF INVESTIGATION: /TINV:
AGENCY INVESTIGATING: /AGYI:

ADDITIONAL SOURCE OF INFORMATION *INFO* *ADD*INFO* *CHG *INFO*

INFO

NAME OF PERSON IN AGENCY TO CONTACT: /NAME:
TITLE OF ABOVE INDIVIDUAL: /TITLE:
DIVISION EMPLOYED BY: /DIV:
AGENCY NAME: /AG:
CITY WHERE AGENCY IS LOCATED: /CITY:
STATE (R): /ST: ZIP CODE: /ZIP: LEVEL OF GOVERNMENT (R): /LVL:

INFO *ADD*INFO* *CHG *INFO*
NAME OF PERSON IN AGENCY TO CONTACT: /NAME:
TITLE OF ABOVE INDIVIDUAL: /TITLE:
DIVISION EMPLOYED BY: /DIV:
AGENCY NAME: /AG:
CITY WHERE AGENCY IS LOCATED: /CITY:
STATE (R): /ST: ZIP CODE: /ZIP: LEVEL OF GOVERNMENT (R): /LVL:

FORM CM-75 (Ed. 5-72)

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Organized Crime & Racketeering Section
Criminal Division
United States Department of Justice

RACKETEER PROFILE

VITAL STATISTICS ON SUBJECT (*BIRTH*) *ADD*BIRTH* *CHG *BIRTH*

BIRTH

VERIFICATION /VER: D | CITY WHERE SUBJECT WAS BORN /CITY: CHICAGO
STATE (R) /ST: IL | ZIP CODE /ZIP: 60600 | DATE OF BIRTH /FYR: 07 /FMO: 04 /FDY: 11 | CITIZENSHIP (R) /CIT: US

DEATH

DEATH *ADD*DEATH* *CHG *DEATH*
VERIFICATION /VER: | CITY WHERE SUBJECT DIED /CITY:
STATE (R) /ST: | ZIP CODE /ZIP: | DATE OF DEATH /TYR: /TMO: /TDY:
CAUSE OF DEATH /DEAD:

PHYSICAL DESCRIPTION (*PHYS*) *ADD*PHYS* *CHG *PHYS*

PHYS

VERIFICATION /VER: O | MENTAL OR PHYSICAL HEALTH PROBLEM /HLTH: | HAIR COLOR (R) /HAIR: BROWN
HEIGHT /HT: 508 | FINGERPRINT CLASSIFICATION (R) /FING: | EYE COLOR (R) /EYE: BROWN
PHYSICAL MARK, SCAR, ETC. (R) /MARK: SC CHST | COMPLEXION (R) /CMPLX: DARK | WEIGHT /WT: 210
RACE (R) /RACE: CAUCASIAN | BUILD (R) /BLD: HEAVY
PHYS *ADD*PHYS* *CHG *PHYS*
VERIFICATION /VER: | PHYSICAL MARK, SCAR, ETC. (R) /MARK:
MENTAL OR PHYSICAL HEALTH PROBLEM /HLTH:

SUBJECT'S RESIDENCE/TELEPHONE (*ADDR*) *ADD*ADDR* *CHG *ADDR*

ADDR

APARTMENT, HOTEL, OR PRISON NAME /EST:
STREET NUMBER /STNBR: 1220 | STREET NAME /STNM: 8TH ST | VERIFICATION /VER: D
CITY OF RESIDENCE /CITY: ROCKFORD | STATE (R) /ST: IL
ZIP CODE /ZIP: 61108 | DATES OF RESIDENCE /FYR: 55 /FMO: 06 /FDY: 00 /TYR: 00 /TMO: 00 /TDY: 00
APARTMENT OR ROOM NO. /APT: | TELEPHONE (1) /TEL1: 8159649574 | TELEPHONE (2) /TEL2:

EDUCATION *ED* *ADD*ED* *CHG *ED*

ED

VERIFICATION /VER: | ATTENDANCE DATES /FYR: /FMO: /FDY: /TYR: /TMO: /TDY:
NAME OF SCHOOL /EST:
STREET NUMBER /STNBR: | STREET NAME /STNM:
CITY WHERE SCHOOL IS LOCATED /CITY: | STATE (R) /ST:
ZIP CODE /ZIP: | TYPE OF SCHOOL (R) /SCH: | HIGHEST GRADE COMPLETED (R) /GRD:
MAJOR /MJR:

MILITARY RECORD *MIL* *ADD*MIL* *CHG *MIL*

MIL

VERIFICATION /VER: | DATES IN SERVICE /FYR: /FMO: /FDY: /TYR: /TMO: /TDY:
BRANCH OF SERVICE (R) /BRCH:
MILITARY OCCUPATIONAL SPECIALITY /MOS: | HIGHEST GRADE or RANK /RANK:
TYPE OF SEPARATION /SEP:
RESERVE BRANCH (R) /RSRV: | HIGHEST GRADE or RANK (Reserve) /RNK:
RESERVE DATES /NYR: /NMO: /NDY: /MYR: /MMO: /MDY:

HOBBY *HOBBY* *ADD*HOBBY* *CHG *HOBBY*

HOBBY

KIND OF HOBBY /HOB:
CITY WHERE HOBBY TAKES PLACE /CITY:
STATE (R) /ST: | ZIP CODE /ZIP: | ANNUAL COST (Dollars) /COST:

FORM CM-77 (Ed. 5-72)

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Organized Crime & Racketeering Section
Criminal Division
United States Department of Justice

RACKETEER PROFILE

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AGENT AND SUBJECT IDENTIFICATION *DATE*

DATE

NAME OF PERSON SUBMITTING INFORMATION
/SUB:

DATE: /YR: 73 /MO: 05 /DY: 03
AGENCY: /AGN: FBI
FIELD OFFICE: /FLD: E
OFFICE PHONE NUMBER: /PHN: 3 / 84 5 / 1 / 33 3

NEW OR MOD

NEW *MOD*

VERIFICATION: /VER:
SUBJECT'S IDENTIFIER: /IDEN: 64E

NAME OF SUBJECT: /NAME: PAOLA, PHILIP JOSEPH

SEX (M or F): /SEX:
MARITAL STATUS (R): /STAT:
MAIDEN NAME OF SUBJECT: /MDN:

ALIASES

ALIAS

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

NICKNAMES

NKNM

NICKNAME *NKNM* *ADD*NKNM* *CHG *NKNM*
/NICK:

NICKNAME *NKNM* *ADD*NKNM* *CHG *NKNM*
/NICK:

NICKNAME *NKNM* *ADD*NKNM* *CHG *NKNM*
/NICK:

NICKNAME *NKNM* *ADD*NKNM* *CHG *NKNM*
/NICK:

NICKNAME *NKNM* *ADD*NKNM* *CHG *NKNM*
/NICK:

INVESTIGATION *CINV* *ADD*CINV* *CHG *CINV*

CINV

DATE INVESTIGATION BEGAN: /FYR: /FMO: /FDY:
DATE INVESTIGATION CLOSED: /TYR: /TMO: /TDY:
TYPE OF INVESTIGATION: /TINV: AR
AGENCY INVESTIGATING: /AGYI:

ADDITIONAL SOURCE OF INFORMATION *INFO* *ADD*INFO* *CHG *INFO*

INFO

NAME OF PERSON IN AGENCY TO CONTACT: /NAME:
TITLE OF ABOVE INDIVIDUAL: /TITLE:
DIVISION EMPLOYED BY: /DIV:
AGENCY NAME: /AG:
CITY WHERE AGENCY IS LOCATED: /CITY:
STATE (R): /ST:
ZIP CODE: /ZIP:
LEVEL OF GOVERNMENT (R): /LVL:

INFO *ADD*INFO* *CHG *INFO*

NAME OF PERSON IN AGENCY TO CONTACT: /NAME:
TITLE OF ABOVE INDIVIDUAL: /TITLE:
DIVISION EMPLOYED BY: /DIV:
AGENCY NAME: /AG:
CITY WHERE AGENCY IS LOCATED: /CITY:
STATE (R): /ST:
ZIP CODE: /ZIP:
LEVEL OF GOVERNMENT (R): /LVL:

FORM CM-75 (Ed. 5-72)

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FORM CM-77

VITAL STATISTICS

Name: Phil Priola
Date of Birth: APRIL 11, 1907
Place of Birth: City CHICAGO State ILLINOIS Zip Code
Citizenship: Country U.S. Verification? (Page 10) BIRTH CERTIFICATE (DELAYED - FILED NOV. 4, 1942) D

Date of Death:
Place of Death: City State Zip Code
Cause of Death:
Verification ? (Page 10)

Height: ~~5'10"~~ 5'8"
Hair Color: DK BROWN, BALDING
Build: HEAVY
Race: CAUCASIAN
Mental or Physical Health Problem:
Verification? (p. 10) O & D

Weight: ~~185~~ 210
Eye Color: BROWN
Complexion: DARK
Physical Mark, Scar, Etc:
(A) Kind of mark SURGICAL SCAR
(B) Position
(C) Body part ABDOMEN

(For above, see page 22)

Residence: Street Number 1220 - 8TH STREET City ROCKFORD
State ILLINOIS Zip Code 61108
Name of Apartment, Hotel or Prison: —
Apartment or Room Number: —
Dates of Residence: PRIOR TO JUNE, 1955 TO DATE
Telephone Number (s) 815-964-9574
Verification? (Page 10) D

Education: UNKNOWN
Name of School:
Address: Street Number City
State Zip Code
Type of School: (p. 18)
Highest Grade Completed: (p. 18)
Major:
Attendance Dates:
Verification? (p. 10)

Military Record: NONE
Dates in Service:
Branch of Service: (p. 22)
Military Occupational Specialty:

Highest Grade or Rank:
Type of Separation:
Reserve Branch :
Highest Grade or Rank (Reserve):
Reserve Dates:
Verification? V

Hobby:
Kind of Hobby:
Where Hobby Takes Place: City State Zip Code
Annual Cost:

Organized Crime & Racketeering Section
Criminal Division
United States Department of Justice

RACKETEER PROFILE

VEHICLE (DESCRIPTION) *VEH1* *ADD*VEH1* *CHG *VEH1*

VEH 1

VERIFICATION /VER: V
/VEH: CAR
MODEL YEAR /MODYR: 71
MAKE OF VEHICLE /MAKE: Chevrolet
MODEL OF VEHICLE /MODEL: Impala
VEHICLE COLOR (R) /COL: White
BODY STYLE OF VEHICLE (R) /BODY: COUPE
SERIAL NUMBER OF VEHICLE /SERNBR: 164571J154272

VEHICLE (OWNERSHIP) *VEH2* *ADD *VEH2* *CHG *VEH2*

VEH 2

VERIFICATION /VER: V
LICENSE VALIDITY DATES /FYR: 73 /FMO: 01 /FDY: 01 /TYR: 73 /TMO: 12 /TDY: 31
NAME OF PERSON OR COMPANY OWNING VEHICLE /OWN: PRIOLA, PHIL
CITY WHERE OWNER RESIDES /CITY: ROCKFORD
STATE (R) /ST: IL
ZIP CODE /ZIP: 61108
TITLE NUMBER /TTL:
LICENSE TAG NUMBER /REG: IL-MP1221
VEH2 *ADD *VEH2* *CHG *VEH2*
VERIFICATION /VER:
NAME OF SECOND PERSON OR COMPANY OWNING VEHICLE /OWN:

VEHICLE (DESCRIPTION) *VEH1* *ADD*VEH1* *CHG *VEH1*

VEH 1

VERIFICATION /VER:
TYPE OF VEHICLE (R) /VEH:
MODEL YEAR /MODYR:
MAKE OF VEHICLE /MAKE:
MODEL OF VEHICLE /MODEL:
VEHICLE COLOR (R) /COL:
BODY STYLE OF VEHICLE (R) /BODY:
SERIAL NUMBER OF VEHICLE /SERNBR:

VEHICLE (OWNERSHIP) *VEH2* *ADD *VEH2* *CHG *VEH2*

VEH 2

VERIFICATION /VER:
LICENSE VALIDITY DATES /FYR: /FMO: /FDY: /TYR: /TMO: /TDY:
NAME OF PERSON OR COMPANY OWNING VEHICLE /OWN:
CITY WHERE OWNER RESIDES /CITY:
STATE (R) /ST:
ZIP CODE /ZIP:
TITLE NUMBER /TTL:
LICENSE TAG NUMBER /REG:
VEH2 *ADD *VEH2* *CHG *VEH2*
VERIFICATION /VER:
NAME OF SECOND PERSON OR COMPANY OWNING VEHICLE /OWN:

NON-RESIDENCE PHONE *PHONE* *ADD*PHONE* *CHG *PHONE*

PHONE

VERIFICATION /VER:
DATE OR PERIOD OF USAGE /FYR: /FMO: /FDY: /TYR: /TMO: /TDY:
PHONE NUMBER /NUMBER:
NAME OF SUBSCRIBER /EST:
STREET NUMBER /STNBR:
STREET NAME /STNM:
CITY WHERE SUBSCRIBER RESIDES (IS LOCATED) /CITY:
STATE(R) /ST:
ZIP CODE /ZIP:
REMARKS ABOUT USAGE LOCATION, PURPOSE, ETC. /REMARK:

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Organized Crime & Racketeering Section
Criminal Division
United States Department of Justice

RACKETEER PROFILE

RELATIVE (RELAT) *ADD*RELAT* *CHG *RELAT*

RELAT

VERIFICATION /VER:

NAME OF RELATIVE /NAME: PRIOLEAU, GRACE

MAIDEN NAME OF RELATIVE /MDN: SCIORTINO

SEX (M OR F) /SEX: F

MARITAL STATUS(R) /STAT: M

RELATIONSHIP TO SUBJECT (R) /REL: WIFE

SUBRELATION TO SUBJECT /SREL:

VITAL STATISTICS ON RELATIVE *RELBIRTH* *ADD *RELBIRTH* *CHG *RELBIRTH*

RELBIRTH

VERIFICATION /VER: V

CITY WHERE RELATIVE WAS BORN /CITY:

STATE (R) /ST:

ZIP CODE /ZIP:

DATE OF BIRTH /FYR: 14 /FMO: 07 /FDY: 20

CITIZENSHIP (R) /CIT: U

RELDEATH *ADD *RELDEATH* *CHG *RELDEATH*

RELDEATH

VERIFICATION /VER:

CITY WHERE RELATIVE DIED /CITY:

STATE (R) /ST:

ZIP CODE /ZIP:

DATE OF DEATH /TYR: /TMO: /TDY:

CAUSE OF DEATH /DEAD:

RELATIVE'S RESIDENCE/TELEPHONE *RELAD* *ADD *RELAD* *CHG *RELAD*

RELAD

VERIFICATION /VER:

DATES OF RESIDENCE /FYR: /FMO: /FDY: /TYR: /TMO: /TDY:

APARTMENT, HOTEL OR PRISON NAME /EST:

STREET NUMBER /STNBR: 1280

STREET NAME /STNM: 84th ST

CITY OF RESIDENCE /CITY: ROCKFORD

STATE (R) /ST: IL

ZIP CODE /ZIP: 61108

APARTMENT OR ROOM NO. /APT:

TELEPHONE (1) /TEL1: 8159649574

TELEPHONE (2) /TEL2:

RELATIVE'S EMPLOYMENT *RELEMP* *ADD *RELEMP* *CHG *RELEMP*

RELEMP

VERIFICATION /VER: V

NAME OF BUSINESS WHERE EMPLOYED /EST: CHARLES V WEISE CO

STREET NUMBER /STNBR:

STREET NAME /STNM: ALPINE RD

CITY WHERE BUSINESS IS LOCATED /CITY: ROCKFORD

STATE (R) /ST: IL

ZIP CODE /ZIP: 61108

RELATIVE'S IDENTIFYING NUMBERS *RELID* *ADD *RELID* *CHG *RELID*

RELID

VERIFICATION /VER:

FBI NUMBER /FBI:

ORGANIZED CRIME & RACKETEERING NUMBER /OCR:

SOCIAL SECURITY NUMBER /SSN:

POLICE DEPARTMENT NUMBER /PD:

POLICE DEPARTMENT CITY /CITY:

STATE (R) /ST:

ZIP CODE /ZIP:

RELID *ADD *RELID* *CHG *RELID*

VERIFICATION /VER:

POLICE DEPARTMENT NUMBER /PD:

POLICE DEPARTMENT CITY /CITY:

STATE (R) /ST:

ZIP CODE /ZIP:

FORM CM-84 (Ed. 5-72)

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Priola

RELATIVES
(SPOUSE ONLY)

Name of relative: Margaret Priola

Maiden name of relative: Scrottino

Sex F Marital Status M

Relationship to subject: wife

Subrelation to subject: —

Verification: R

City, state, and zip code where relative was born: Unknown

Date of birth: 7/20/14

Country of citizenship: US

Verification: V

City, state, and zip code where relative died:

Date of death:

Cause of death:

Verification:

Dates of residence:

Name of apartment, hotel or prison: —

Street address, city, state and zip code of residence: 1220-8th St., Rockford, Ill 61108

Apartment or room number: —

Telephone number(s): 815-964-9574

Verification: V

FORM CM-84

RELATIVES
(SPOUSE ONLY)

Name of business where employed: Chas. V. Weise Co.

Street address, city, state and zip code where business is located: So. Alpine & Newburg Roads Rockford, Ill 61108

Verification: V

Social security number: Unknown

FBI number: None

Organized crime and racketeering number: None

Police department number: None

Police department city, state and zip code:

Verification:

P.640-5781-4806

NAME: PRIOLA, Phil

VEHICLES

Type of vehicle: Car
(se e attached page)

Model year: 1971

Make of vehicle: Chevrolet

Model of vehicle: Impala

Vehicle color: Wht/blu
(see attached page)

Body style of vehicle: Coupe
(see attached page)

Serial number of vehicle: 164571J154272

Verification: V (see attached page)

License validity dates: 1/1/73 - 12/31/73

Name of person or company owning vehicle: Phil Priola

City, state and zip code where owner resides: 1220-8th St., Rockford, Ill 61108

Title number: Unknown

License tag number and state: MP 1221 Ill

Verification: V (see attached page)

Name of second person or company
owning vehicle:
Verification: _____ (see attached page)

NON-RESIDENCE PHONE

Dates of usage: None

Phone number:

Name of subscriber:
Street address, city, state and zip code:

Remarks about usage location, purpose, etc.:

Verification: _____ (see attached page)

92-1706

FORM CM-80

b6
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